



**Application For  
Property Tax Assistance Program**  
As Provided By 15-6-134 and 15-6-191, MCA

**MONTANA**  
PPB-8  
Rev. 11-07

\_\_\_\_\_ County

This form, including all supporting documentation, must be returned to your local DOR Office or postmarked by March 15th or no reduction will be allowed. You will receive a follow up letter that will indicate if your application has been approved or denied.

- For Office Use Only -

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Geocode: \_\_\_\_\_

School District: \_\_\_\_\_

Assessment Code: \_\_\_\_\_

(I) / (We) own a mobile/manufactured home or home that may include land up to 5 acres, and occupied that same residence for at least 7 months a year; my tax filing status is: (Check one)

☐ **single (\$19,257);** ☐ **married (\$25,676);** or ☐ **head of household\* (\$25,676);** and my total income from last year, including otherwise tax exempt income of all types, does not exceed the amount listed next to the filing status I have checked above. (\*If claiming head of household, you must complete the information at the bottom of the form)

**Total Annual Income From All Sources**

Please list your total annual income from all sources including otherwise tax-exempt income of all types for the calendar year preceding the year of application.

\$ _____	Employment Income	\$ _____	Pension Income
\$ _____	Net Business Income Before Depreciation and/or Depletion (Copy of IRS Schedule C, E or F must be attached)	\$ _____	Railroad
\$ _____	Net Rental Income Before Depreciation and/or Depletion (Copy of IRS Schedule E must be attached)	\$ _____	Teachers
\$ _____	Social Security (Gross from Federal Form 1099) Do not include social security paid directly to a nursing home or social security for dependent children.	\$ _____	Employment
\$ _____	Disability Income	\$ _____	Veterans
\$ _____	Unemployment Benefits	\$ _____	Any Other
\$ _____	Any Other Income (Lottery, etc.)	\$ _____	Aid to Dependent Children
		\$ _____	Maintenance (Alimony)
		\$ _____	Child Support
		\$ _____	Interest Income (From all sources such as bank, checking and investment accounts)

Total Income \$ \_\_\_\_\_

Under penalty of law, I affirm that the information provided in this form is true and correct.

Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**Head of Household Information**

Head of household information (to be completed by the applicant)

<u>Name of Dependent</u>	<u>SSN</u>
_____	_____
_____	_____
_____	_____

**For Department Use Only**

**Approved**

**Disapproved**

**Codes:**

Income			Class Codes		
<u>Single</u>	<u>M/H</u>	<u>%</u>	<u>Land</u>	<u>IMP</u>	<u>MOB</u>
\$ 0 - \$ 7,703	\$ 0 - \$ 10,270	20	2132	3137	6237
\$ 7,704 - \$ 11,811	\$ 10,271 - \$ 17,973	50	2135	3140	6240
\$ 11,812 - \$ 19,257	\$ 17,974 - \$ 25,676	70	2137	3142	6242